

GUIDANCE DOCUMENT FOR REPORT OF THEFT, LOSS, OR RELEASE OF SELECT BIOLOGICAL AGENTS AND TOXINS



INTRODUCTION

The "Public Health Security and Bioterrorism Preparedness Response Act of 2002" (Public Law 107-188) signed into law on June 12, 2002, requires that the United States improve its ability to prevent, prepare for, and respond to bioterrorism and other public health emergencies. It necessitates that individuals possessing, using or transferring agents or toxins deemed a threat to public, animal or plant health, or to animal or plant products, notify either the Secretary of the Department of Health and Human Services (HHS) or the Secretary of the Department of Agriculture (USDA). Subsequent to enactment of this law, requirements for possession, use, and transfer of select biological agents and toxins were published by HHS (42 CFR 73; December 13, 2002) and by USDA (9 CFR 121 and 7 CFR 331; December 13, 2002).

Responsibility for providing guidance on this form was designated to the Centers for Disease Control and Prevention (CDC) by the Secretary, HHS, and to the Animal and Plant Health Inspection Service (APHIS) by the Secretary, USDA. In order to minimize the reporting burden to the public, HHS/CDC and the USDA/APHIS have developed a common reporting form for this data collection. This form is designed to assist entities or facilities in complying with this legal obligation.

A registered entity or facility is required by law (42 CFR 73.17, 9 CFR 121 and 7 CFR 331) to contact CDC or APHIS immediately upon discovery of a theft or a release of a select biological agent and toxin not authorized under a federal act. The agency that the Responsible Official (RO) should contact is determined by the type of select biological agent or toxin involved in the incident. For HHS agents, the Responsible Official (RO) must contact CDC (telephone: 404-498-2255; facsimile: 404-498-2265). For USDA agents, the RO must contact APHIS (additional information for animal agents and toxins may be obtained by contacting APHIS by telephone: 301-734-3277, or facsimile: 301-734-3652). For HHS/USDA overlap agents, the RO must contact both APHIS and CDC at the numbers listed above (for USDA after hours call 1-866-994-5678). For plant agents or toxins the RO should contact APHIS (additional information may be obtained by telephone: 301-734-5519; facsimile: 301-734-8700). A listing of HHS select biological agents and toxins is available at http://www.acdc.gov/od/sap. A listing of USDA animal agents and toxins is available at http://www.aphis.usda.gov/vs/ncie/bta.html. The list of plant agents and toxins is available at http://www.aphis.usda.gov/ppq/permits.

The RO should contact the appropriate agency immediately upon discovery of loss, theft, or occurrence of release of the select biological agents and toxins to explain the circumstances. Notification of the proper agencies is important to assure that emergency response efforts, including medical intervention and follow-up surveillance of human or other animals potentially exposed by release of the select biological agents and toxins(s), are accomplished in a timely matter, if appropriate. For release of HHS select biological agents or toxins, the RO should also notify the local and State Health Department. For USDA agents, the State Veterinarian should be contacted; for restricted plant pathogens, the State Plant Regulatory Official should be notified. For HHS/USDA overlap agents both the State Veterinarian and State Health Departments should be notified. In the case of theft or loss, the local police and Department of Justice should be notified, as appropriate.

The theft, loss, or release of an HHS select biological agent or toxin must be reported immediately upon discovery to CDC by telephone (404-498-2255), facsimile (404-498-2265), or e-mail (Irsat@cdc.gov). The theft, loss, or release of a USDA select biological agent or toxin must be reported immediately upon discovery by calling APHIS at 1-866-994-5678 and following the instruction prompt. The theft, loss, or release of an HHS/USDA select biological agent or toxin must be reported immediately upon discovery to both CDC and APHIS. After the initial reporting by telephone, this form should be sent directly to CDC or APHIS, as appropriate, within 7 calendar days after the discovery of theft, loss, or release of select biological agents or toxins. This requirement is not satisfied by reporting the theft or significant loss in any other manner. The entity or facility is required to keep a copy of the notification form.

INSTRUCTIONS

RO must complete Sections 1 and 4. Section 2 should be completed for those entities for which a loss or theft has occurred. Section 3 should be completed for those entities that have a release of select biological agents or toxins. The RO must sign and date the form.

OBTAINING EXTRA COPIES OF THIS FORM

To obtain additional copies of this form, contact the CDC at (404) 498-2255 or APHIS at (301) 734-3277. This guidance document and form are also available at http://www.aphis.usda.gov/vs/ncie and http://www.aphis.usda.gov/ppq/permits.

WHERE TO SEND THE COMPLETED FORM

For HHS agents, return completed forms to: Centers for Disease Control and Prevention, Select Agent Program, 1600 Clifton Road NE, Mailstop E-79, Atlanta, GA 30333.

For USDA animal agents and toxins, return completed forms to: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231.

For HHS/USDA overlap select biological agents and toxins, return forms to: both CDC and APHIS at the addresses provided.

For USDA plant agents and toxins, return completed forms to: Biological and Technical Services, PPQ, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1236

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 08/31/2003



Entity name

Entity address (NOT a post office address)

REPORT OF THEFT, LOSS, OR RELEASE OF SELECT BIOLOGICAL AGENTS AND TOXINS



Zip Code

Read all instructions carefully before completing the report. This report must be submitted by the Responsible Official. Answer all items completely and type or print in ink. The report must be signed. For HHS agents, submit document to: Centers for Disease Control and Prevention, Select Agent Program, 1600 Clifton Road NE, Mailstop E-79, Atlanta, GA 30333. For USDA animal agents, submit document to: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231. For HHS/USDA overlap agents submit the form to both CDC and APHIS. For USDA plant agents and toxins, return completed forms to: Biological and Technical Services, PPQ, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1236.

SECTION 1 - TO BE COMPLETED BY RESPONSIBLE OFFICIAL

City

Entity registration number

CDC#

State

APHIS#

Responsible Official (RO)		Telephone	FAX	E-ma	E-mail				
Address (NOT a post office	e address)		City	State	Zip Code				
			l .	l l					
S	SECTION 2 - TO BE CO SELE	OMPLETED ONLY FO		OR THEFT OF					
IF LOS	ST ON SITE OR THEFT	HAS OCCURRED P	ROVIDE THE FOLLOV	VING INFORMATION	ON				
Provide a list of all missing	select biological agents and	toxins (Complete Section	4)						
Date loss or theft noted	Date of last inventory	Name of principal investigator for laboratory with select biological agents and toxins							
Laboratory building and ro	om	Name and telephone	Name and telephone number of local police department notified						
Type of theft (Night break	in, armed robbery, etc.)	Symbols	Symbols or markings on containers (if any)						
	ry of events (attach additiona		E THE FOLLOWING II	NEORMATION					
	missing select biological ager			WI OKINATION					
•		· · ·							
	EA-101 that was associated	with this snipment	A: 1:11 1	"					
Name of carrier			Airway bili numbe	er/tracking number					
Provide a detailed summa	ry of events (attach additiona	I sheets if necessary):							
Trovido a acianoa camina	y or overlie (allaem additiona	i chocke ii hococcary).							

Package description (size, shape, description of packaging including number and type of inner packages; attach additional sheets if necessary):

		PROVIDE THE FOL	LOWING INFOR	MATION			
		SENDER INFORMATION		RECIPIENT INFORMATION			
Name of person	erson						
Name of entity/ facility							
CDC/APHIS registratio	CDC/APHIS registration number CDC APH		PHIS	CDC	APHIS		
PHS/USDA import perr	mit number PHS	US	SDA	PHS	USDA		
Date shipped		<u> </u>			- 1		
Telephone							
FAX							
CDC confirmation number from transfer form:			APHIS confirmat	tion number from transf	er form:		
Package with select biological agents and toxins received by requestor Yes No				Package with select biological agents and toxins was tampered with Yes No			
Other contents of pack	(age (e.g., coolant type):	:					
An internal review of latentity/facility: Yes	• •	d policies has been initiated	to prevent recurrence	ces of loss of select bio	ological agents and toxins at this		
	-						
SECTION	13 – TO BE COMP	PLETED ONLY FOR U AGENTS	NINTENTIONAL AND TOXINS	RELEASE OF SE	LECT BIOLOGICAL		
Provide a list of all sele	ect biological agents and	d toxins released (Complete					
Date of release	Time of release	ase Name of principal investigator for laboratory with select biological agents and toxins					
Location of exposure of	r release (give laborato	ry building, room, area and	surface or space invo	olved)			
Name and telephone n	number of local and or st	tate health dept. notified	Name and tele	ephone number of emer	rgency responders		

SECTIO	N 3 – TO BE COMP	PLETED ONLY FOR UN AGENTS		_	SE OF SELECT BIOLOGICAL
Provide a list of all se	ect biological agents and	d toxins released (Complete	Section	n 4)	
Date of release	Time of release	Name of principal investigator for laboratory with select biological agents and toxins			
Location of exposure	or release (give laborato	ry building, room, area and s	urface	or space involved)	
Name and telephone	number of local and or s	tate health dept. notified	N	ame and telephone nu	mber of emergency responders
Biosafety level of laborate	ratory where exposure of	ccurred			
Names of person(s) in	nvolved in exposure (atta	ch additional sheet if necess	ary)	Number of animals ex	posed
Injuries No	Yes (If Yes, give na	mes and occupations of indiv	/iduals	injured)	
Exposures No	Yes (If Yes, give	names and occupations of ir	ndividu	ials exposed)	
Medical treatment wa	s required No	Yes (If Yes, explain)			
Provide a detailed sur understood):	mmary of events (attach	additional sheets if necessar	y; prov	ride sufficient information	on so that the severity of the release can be
Provide a summary of Called ambulance Other (explain):	f actions taken: Called fire departn	ent Closed laboratory	doors	Closed building	Consulted MSDS or chemical database

An internal r entity:	review of laboratory procedu Yes No	ures and policies has been init	iated to preve	nt recurrences of lo	ss of select biolo	gical agents a	ind toxins at this
		SECTION 4 - TO BE C					
LIS	I OF SELECT BIOLO	GICAL AGENTS AND T	OXINS LO	SI, SIOLEN OF	Vol or wt per	ONALLY R	ELEASED
	Select biological agents and toxins	Characterization of agent	Number of vials	Form (powder/liquid)	vial (e.g., ml, mg, ng)	Total quantity	Concentration/vial (e.g., 10 ⁸ pfu/ml)
Examples	Botulinum toxin	Neurotoxin A	50	liquid	5 ml	250 ml	1 mg/ml
	Bacillus anthracis	Ames strain	25	liquid	1 ml	25 ml	10 ⁸ /ml
	Ebola virus	Zaire	10	liquid	1 ml	10 ml	10 ⁷ pfu/ml
1							
2							
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14							
15							

Public reporting burden: Public reporting burden of providing this information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).